

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 I.53(b))</i>	Attorney Docket No.	35683.0new
	First Inventor	Jonathan Wylde
	Title	Neutral Sensing Switch For Remote...
	Express Mail Label No.	ER525552330US

U.S. PTO
10/698542
103103

APPLICATION ELEMENTS		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents, P.O. Box 1450 Alexandria, Virginia 22313-1450
<i>See MPEP chapter 600 concerning utility patent application contents</i>		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. <i>See CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages / 18 /] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets / 6 /] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages / 3 /] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input checked="" type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>) 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies
ACCOMPANYING APPLICATION PARTS		
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 17. <input checked="" type="checkbox"/> Other: <u>Associate Power Of Attorney (1 page); Check in the amount of \$375.00</u>		

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of the prior application No: / _____
 Prior application information: Examiner: _____ Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.
 The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number:		26712	OR	<input type="checkbox"/> Correspondence address below	
NAME		R. Kent Roberts			
		Hodgson Russ LLP			
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Name (Print/Type)		R. Kent Roberts		Registration No. (Attorney/Agent)	40,786
Signature		<i>R. Kent Roberts</i>		Date	Oct. 31, 2003

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Date of Deposit

Oct. 31, 2003

I hereby Certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

R. Kent Roberts
Name

R. Kent Roberts
Signature

BFLODOCS: 866585 v1 (\$KNT01!.DOC)

**FEE TRANSMITTAL
for FY 2004**

103103

Effective 01/01/2003. Patent Fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

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<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <u>08-2442</u> Deposit Account Name: <u>Hodgson Russ LLP</u> The Director is hereby authorized to (check all that apply)				3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Large Entity</th> <th style="text-align: left; width: 15%;">Small Entity</th> <th colspan="3"></th> <th style="text-align: right; width: 10%;">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th></th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td>\$</td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td>\$</td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td>\$</td> </tr> </tbody> </table>			Large Entity	Small Entity				Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		1051	130	2051	65	Surcharge - late filing fee or oath	\$	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	\$	1053	130	1053	130	Non-English specification	\$																																																																																																																																																																																																						
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2. EXTRA CLAIM FEES FOR UTILITY/ REISSUE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Extra Fee from Claims below</th> <th style="text-align: left; width: 15%;">Fee Paid</th> <th style="text-align: left; width: 15%;">Fee Description</th> <th style="text-align: right; width: 10%;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims / 20 / - 20** = / 0 / x / 9 / =</td> <td>\$0</td> <td>1402 330</td> <td>2402 165</td> <td>Filing a brief in support of an appeal</td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>1403 290</td> <td>2403 145</td> <td>Request for oral hearing</td> <td>\$</td> </tr> </tbody> </table>				Extra Fee from Claims below	Fee Paid	Fee Description	Fee Paid	Total Claims / 20 / - 20** = / 0 / x / 9 / =	\$0	1402 330	2402 165	Filing a brief in support of an appeal	\$			1403 290	2403 145	Request for oral hearing	\$																																																																																																																																																																																																																							
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R. Kent Roberts

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Signature

Date of Deposit

Oct. 31, 2003

Date of Signature BFLODOCS: 866583 v1 (\$KNR01.DOC)